PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/764,068		Filing Date 01/19/2001		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							OTHER THAN SMALL ENTITY ☑ OR SMALL ENTIT					
FOR			NUMBER FILED		MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A	1	N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		*		X \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =			1	X \$ =			X \$ =		
APPLICATION SIZE FEE (37 CFR 1.18(s))			eets of pap \$250 (\$125 ditional 50	igs exceed 100 on size fee due for each in thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1/16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.										TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	06/12/2011	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	- 38	Minus	39	= 0		X \$26 =	0	OR	X \$ =		
	Independent (37 CFR 1.16(h))	· 6	Minus	6	- 0	1	X \$110 =	0	OR	X \$ =		
	Application Size Fee (37 CFR 1:16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.160))		Minus	**	-	1	x \$ =		OR	X \$ =		
	Independent (37 CFR 1-16(h))		Minus	***	-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))					1			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))								OR		. /	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
*If the only in column 1 is less than the only in column 2, write "0" in column 3. *If the 1 lightest klumbest Previously Fait For II THINS 8-VICE to less than 30, enter "30". *If the 1 lightest klumber Previously Fait For III THINS SPACE is less than 3, enter "3". *// CAPITAINE WALDEN/												

The "Highest Number Previcusly Paid For" (Total or Independent) is the highest number found in the appropriate box in oclumn 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to risk codesion of information is equilible, by a visual to the control of the cont ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.